

2017 Statement of Income and Expenses for LOBBYISTS

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APR 27 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

STATE OF NEW HAMPSHIRE (RSA Chapter 15) PLEASE PRINT

I. Name of Lob	byist(s) Joel Maiola			
II. Name of lob	byist's partnership, firm o	r corporation, if any	:	
McLane Mid	dleton Government &	Public Strated	ries, LLC	
	(Name of partnership, firm or			
900 Elm St:	reet, P.O. Box 326	Mancheste	r NH	03105-0326
Business Address		(Town/City)	(State)	(Zip Code)
(603) 628-14	485 (60	3) 625-5650	e-mail joal.	maiola@mclanegps.com
(Telept	none)	(Fax)		
reportable expe	ense transactions which are	not attributable to	any one client).	may file a separate report for
X All reportab	le transactions occurring in the	he months prior to the	e reporting date relative to	o the following client:
NH Hospita	Association	· · · · · · · · · · · · · · · · · · ·		
<u>OR</u>	(Full Name of Client as	s it appears on the Lobb	yist Registration Form)	
☐ All reportable	e transactions by the lobbyist particular client.	(including the lobby	ist's family), or the lobby	ring firm listed below which are
IV. Date of Rep	ort April 26, 2017		July 26, 2017	
Reports cover:	activity from date of registrat	ion to 3/31/17	activity from 4/1/17 to 6/30	V17
	October 25, 2017 activity from 7/1/17 to 9/		January 31, 2018 [activity from 10/1/17 to 12	
	been no fees received an cked, complete just this form 301.			
VI Cheek if add	ditional reports are attache	.d.		
	received fees or made expend		Addendum A = Fees and	Fynenses
<u> </u>	paid an honorarium or reimb			•
		le political contribution	ons, you must file Adden	dum C-Political Contributions
I have read RSA and complete to (Signature of lot)	the best of my knowledge and by by ist)	nd RSA 664 and here d belief.	by swear or affirm that th	ne foregoing information is true Oate)
Joel Maiola (Print Name of l	· · · · · · · · · · · · · · · · · · ·			
Commercial Contraction	000 100			

LEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Joel Maiola						
II. Name of lobbyist's partnership, firm or corporation, if any:						
McLane Middleton Government & Public Strategies, LLC						
(Name of partnership, firm or corporation)		4/ /2				
III. Name of Client NH Hospital Association	Date _	4/26/17				
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations,	or public relations services				
a) Total of all fees received in this reporting period	a) \$	25,000.00				
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ ear)	0.00				
c) Total of all fees received to date (Add lines a and b)	c) \$	25,000.00				
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0.00				
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if may be file aggregate cpenses; (b) e: meals pu ss than \$10 ed with a va orting period ie of greate er than \$25 expense r	f expenditures are made by d for the lobbyist(s)/firm. total of all expenses paid) the aggregate total of all urchased during a business that is given to the person alue of \$25.00 or less); and d of greater than \$25.00 for er than \$25, purchase of a, but not greater than \$50, eimbursement, or political				
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	25,000.00				
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.		0.00				
c) Total of all itemized expenditures reported in detail in section VI	c) \$	0.00				

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	25,000.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	0.00
f) Total of all expenses year to date	f) \$	25,000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees d	uring this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	
		· · · · · · · · · · · · · · · · · · ·
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the for	egoing information
	11/2	<u>/</u> _
(Signature of lobbyist)	4/20	7/7
(Signature of foodylst)	(Da	ne)
Joel Maiola		
(Print Name of lobbyist)		